

advises graduate students in conducting their research and serves as a guest lecturer at the University.

After receiving his Bachelor of Science in Pharmacy from the University of Wisconsin School of Pharmacy, Mr. Scott went on to complete his Master of Science in Pharmacy Practice from the University of Kansas School of Pharmacy. Prior to election as President of the ASHP, Mr. Scott served as a member of ASHP Boards of Directors. He also held the distinguished position of President of the Minnesota Society of Hospital Pharmacists from 1992-1993, and in 1994 he was named a Fellow of the ASHP in recognition of his sustained contributions to pharmacy practice excellence.

American Society of Health-System Pharmacists is fortunate to have an individual with the credentials of Mr. Scott at its helm, as the organization devotes its attention to issues of patient safety and the effective use of prescription medications.●

FOUR CORNERS INTERPRETIVE CENTER ACT

● Mr. HATCH. Mr. President, I would like to take this opportunity to say a few words about S. 28, the Four Corners Interpretive Center Act. I was very pleased that the Senate saw fit to pass this bill by voice vote on September 9, 1999, and I fully expect that this legislation will pass the House and be sent to the President during this Congress.

This legislation could not have passed without the strong support of its cosponsors, Senators ALLARD, BENNETT, BINGAMAN, CAMPBELL, and DOMENICI. Chairman BEN NIGHTHORSE CAMPBELL and the staff of the Senate Indian Affairs Committee deserve special praise for going the extra mile in shepherding this proposal through the committee with speed and professionalism.

The Four Corners Interpretive Center Act will benefit the Four Corner states, the Navajo Nation, and Ute Mountain Ute tribe, and especially the throngs of visitors who make the special effort to visit the remote Four Corners region, the only location where the corners of four states converge. A quarter million tourists visit the Four Corners each year, only to find that there are no utilities, no permanent restrooms, no running water, no telephones, and no vending stations for their convenience.

Additionally, the Four Corners National Monument has unique historical, cultural, and environmental significance. The absence of any educational exhibits to help visitors appreciate the area is a wasted opportunity. The interpretive center authorized by this bill will enable all Americans who come to this area to learn about the ancient home of the Anasazi people as well as the area's geography, plant and animal species.

The objective of S. 28 is simple: to aid in the construction and maintenance of an interpretive center at the Four Cor-

ners National Monument. The bill calls for a cooperative agreement among the Navajo Nation, Ute Mountain Ute tribe, affected local governments, and the four corners states to be approved by the Interior Department. Matching funds from each of the four states would also be required. Arizona has already committed funds. This is the type of intergovernmental partnership that has worked well on a variety of other projects throughout the country, and it is an appropriate model for the interpretive center.

Again, I want to thank my colleagues in the Senate for passing this important legislation.●

UNANIMOUS-CONSENT AGREEMENT—CONFERENCE REPORT TO ACCOMPANY H.R. 2490

Mr. SHELBY. Mr. President, I ask unanimous consent that at 10 a.m. on Thursday, September 16, the Senate proceed to the consideration of the conference report to accompany H.R. 2490, the Treasury-Postal appropriations bill.

I further ask consent that the reading be waived and that there be 10 minutes of debate equally divided in the usual form.

I finally ask consent that following the debate, the Senate proceed to a vote on the adoption of the conference report with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

ELEVATING THE POSITION OF DIRECTOR OF THE INDIAN HEALTH SERVICE TO ASSISTANT SECRETARY FOR INDIAN HEALTH

Mr. SHELBY. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 268, S. 299.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 299) to elevate the position of Director of the Indian Health Service within the Department of Health and Human Services to Assistant Secretary for Indian Health, and for other purposes.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Indian Affairs, with an amendment on page 6, line 24, to insert "(29 U.S.C. 761b(a)(1))".

Mr. SHELBY. I ask unanimous consent the committee amendment be agreed to, the bill be read a third time and passed, the motion to reconsider be laid upon the table, and any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment was agreed to.

The bill (S. 299), as amended, was read the third time and passed, as follows:

S. 299

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. OFFICE OF ASSISTANT SECRETARY FOR INDIAN HEALTH.

(a) ESTABLISHMENT.—There is established within the Department of Health and Human Services the Office of the Assistant Secretary for Indian Health in order to, in a manner consistent with the government-to-government relationship between the United States and Indian tribes—

(1) facilitate advocacy for the development of appropriate Indian health policy; and

(2) promote consultation on matters related to Indian health.

(b) ASSISTANT SECRETARY FOR INDIAN HEALTH.—In addition to the functions performed on the date of enactment of this Act by the Director of the Indian Health Service, the Assistant Secretary for Indian Health shall perform such functions as the Secretary of Health and Human Services (referred to in this section as the "Secretary") may designate. The Assistant Secretary for Indian Health shall—

(1) report directly to the Secretary concerning all policy- and budget-related matters affecting Indian health;

(2) collaborate with the Assistant Secretary for Health concerning appropriate matters of Indian health that affect the agencies of the Public Health Service;

(3) advise each Assistant Secretary of the Department of Health and Human Services concerning matters of Indian health with respect to which that Assistant Secretary has authority and responsibility;

(4) advise the heads of other agencies and programs of the Department of Health and Human Services concerning matters of Indian health with respect to which those heads have authority and responsibility; and

(5) coordinate the activities of the Department of Health and Human Services concerning matters of Indian health.

(c) REFERENCES.—Reference in any other Federal law, Executive order, rule, regulation, or delegation of authority, or any document of or relating to the Director of the Indian Health Service shall be deemed to refer to the Assistant Secretary for Indian Health.

(d) RATE OF PAY.—

(1) POSITIONS AT LEVEL IV.—Section 5315 of title 5, United States Code, is amended—

(A) by striking the following:

"Assistant Secretaries of Health and Human Services (6)."; and

(B) by inserting the following:

"Assistant Secretaries of Health and Human Services (7)."

(2) POSITIONS AT LEVEL V.—Section 5316 of title 5, United States Code, is amended by striking the following:

"Director, Indian Health Service, Department of Health and Human Services."

(e) DUTIES OF ASSISTANT SECRETARY FOR INDIAN HEALTH.—Section 601(a) of the Indian Health Care Improvement Act (25 U.S.C. 1661(a)) is amended—

(1) by inserting "(1)" after "(a)";

(2) in the second sentence of paragraph (1), as so designated, by striking "a Director," and inserting "the Assistant Secretary for Indian Health,"; and

(3) by striking the third sentence of paragraph (1) and all that follows through the end of the subsection and inserting the following: "The Assistant Secretary for Indian Health shall carry out the duties specified in paragraph (2)."

"(2) The Assistant Secretary for Indian Health shall—

"(A) report directly to the Secretary concerning all policy- and budget-related matters affecting Indian health;